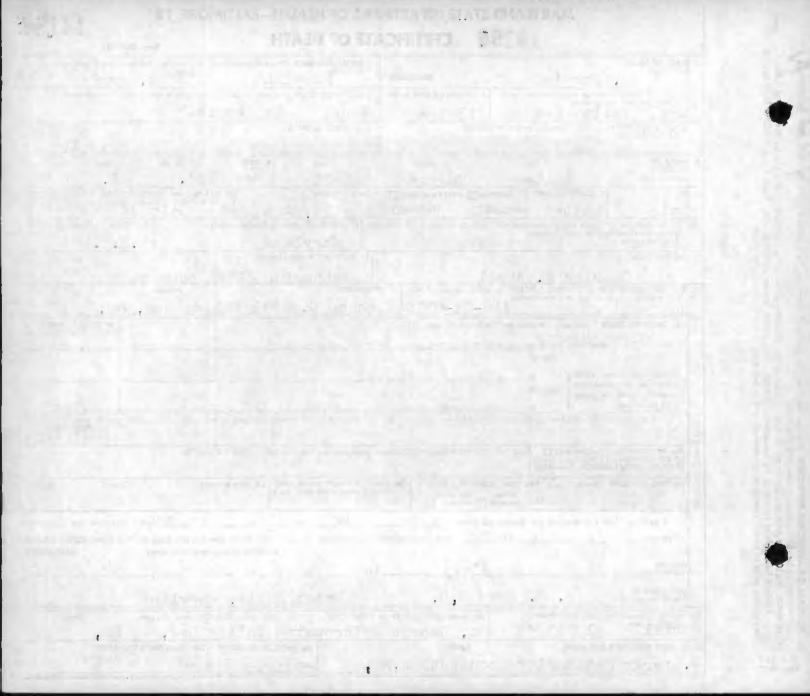
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-	may be retained by the hospital ar attending physician.	TO FUNERAL DIREC : After this certificate has been signed by the attending physician and campletely filled in by the red director.		_
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	1	419	6 CERTIFI	CAT	E OF DEA	TH		Reg. Di	ist. No.	220
St.	Mary's		MARYLAI	2.	o. STATE Mary	(Where decease	L COLD ITS		ary!	
RURAL and give ne	outside corporate limit grest town] 11ev Lee	s, write	c. LENGTH OF STAY IN	1b ×	c. CITY OR TOWN	(If outside corpo	rote limits, write R			
	AL (If not in hospital, gi	ive street o	13 VPS	/	d. STREET ADDRES		у пее		(	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Walte		Middle Eugene		Abell	4. DATE OF DEATH	Dec.	ith	21.	Year 19 58
5. SEX Male	1	7. MARRII	DIVORCED		ATE OF BIRTH	885	9. AGE (In years lost birthday) 73 yrs.	Months 7		UNDER 24 HRS.
100. USUAL OCCUPATION during most of work Farmer	N (Give kind of work d ing life, even if relired)		arm	NDUSTRY			ountry)		S.A.	VHAT COUNTR
13. FATHER'S NAME	arles P.	Ahal	1	1	MOTHER'S MAID	EN NAME	7 71			
IS. WAS DECEASED EVER		CES? 16. 5		17. INFO		ine El	alley I			
PART I. DEAT  Conditions, if an gove rise to in couse (o), stating t lying cause lost.	he under-	Con	onery sal	iss	ciden Sis Ethre	t.	ngin .		5 5	June
CATIC	S UNDERLYING		DITRIBUTING TO DEATH				E CONDITION GIV	VEN IN PAR	P	WAS AUTOPSY PERFORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour g. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER  Month, Day, Yea  19	r 20d. IN. While at work	Not while	PLACE foctory	OF INJURY (Home, , street, office bldg.,	form, 20f. (City	or town)	Į.	(County)	(State)
21. I certify the alive an	at I attended the	decease _, 195	fram , and that de		195%, 10_curred at 4.6	30 Am, from	182 n the causes of treet city or town,	and an I		
PHYSICIAN'S NAME (Type)	P. J.	Bea	M.D.	M.D.	Great	Mills	Maryl	and	12/	12/5
Burial (Specify)	12/23/5		St. George		ematory piscopal	Val.	non (City, town, older Lee		Md.	(State)
23. FUNERAL DIRECTOR'S W.Clarke 1		y Le	ADDRESS onardtown	,Md.		DEC 2 9		STRAR'S SH	GNATURE TOUR	



TO HOSPITAL OR

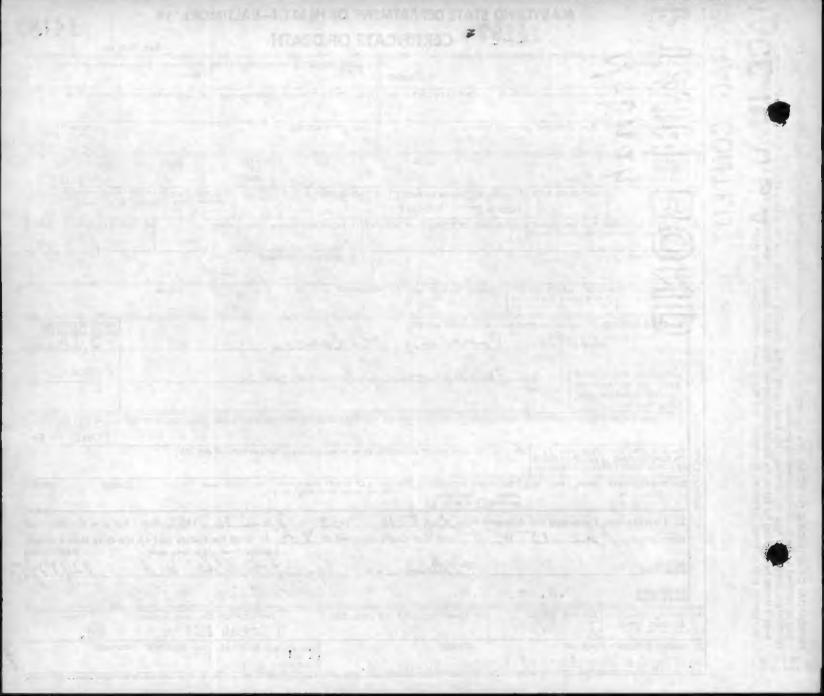
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14197 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No.

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1	4	1	0	

1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A Mary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES \( \begin{array}{c} NO \equiv
3. NAME OF DECEASED (Type or print) For the Middle	Beauty 4. DATE Month Day Year OF DEATH 12- 16 1958
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday)  Months Days Mours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  **Transfer of working life, even if retired)**  **Transfer of work done life, even if retired life, even if retired life, even if retired life, even if retired	DUSTRY 11. BIRTHPLACE (State or foreign country)/ 12. CITIZEN OF WHAT COUNTRY CALLED S. A
Themas Facucio Bearan.	14. MOTHER'S MAIDEN NAME Mary Catherine Bears:
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (19 yes, 6 ve war or doles at service)	Olgres L. Barrers
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (a), stoling the under- lying couse lost.  (b)  DUE TO  (c)	Tubrellers 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURS OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED White Not white at work of lowerk of work of work of lowerk of work of work of lowerk of work of lowerk of work of lowerk of work of lowerk of lower	PLACE OF INJURY IHome, farm, factory, street, affice bidg., etc.) (City or town) (County) (State
	th accurred at T. M., from the causes and an the date stated above  Appress (Street, city, or town, state)  DATE, SIGN
SIGNATURE PARE	M.D. Gut Mills and 12/17,
PHYSICIAN'S P.J.Bean N.D.	Great Mills, Maryland
270. BURIAL, CREMATION, 226. DATE THEREOF, BUT 12/18/58 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Great Mills, Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  N. Clarke Mattingley Leonardtown.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  Md. DATE 1 9 '58 Critical & Frank



O DOZINAL ON ANCINCINAL PRINCIPAL THE TOWN REQUIRES THAT THE DECINICON DE EXECUTED WHITH LA HOURS DIRECT DECIN. TODG &		director,	page 3 should be exoched for use as the Eurial-transit permit. Then please remove carben papers. Pages 1 and 2 should be filed with	1	3
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210	may be retained by the hospital or attending physician.	AL DIS	plnoy.	the registror prior to Buriol, cremation, or remavol, and in ony event within 72 hours after death.	
1000	oy be	FUNER	ige 3 s	e regist	
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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLI  C. LENGTH OF STAY IN	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	March and Ser. 11/ang
Leonardtown Life	N 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neatest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  ON A FARM?  YES NO
3. NAME OF DECEASED (Type or print) for his Jankeins	Deepe Death 12, 16 195
5. SEX / 6. COLOR OR RACE 7. MARRIED THEVER MARRIED WIDOWED DIVORCED	D 2-28-1884 THYS. Months Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if refired)  Malesman  Mandera	re St. Maris County V.S. F.
John Francis Deeke.	14. MOTHER'S MAIDEN NAME  17 angaret Huthall
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. (14). no. or unknown) 111 yes, give wor or dates of services 213-03-5673	Margicerite Rbell Duke
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	( crony ocal manch
Conditions, if ony, which gove rise to immediate couse (a), sloting the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?  YES \( \subseteq \text{ NO } \vec{\vec{V}} \)
	CURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	0e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from August alive on Dec 14 , 195 7, and that designature and ACTUAL SIGNATURE	leath occurred at 8:20 AM, from the causes and on the date stated about the date stated
BLAVELET AND CO. T. C.	Leonardtown, Maryland
PHYSICIAN'S WILLIAM D. BOYD M. D.  120. BURIAL, CREMATION, 22b. DATE THEREOF 122c. NAME OF CEMET	

CHARLES CHARLES TO CHARLES THE A CONTRACTOR OF THE SECOND THE PERSON NAMED AND POST OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PE TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the direct complete be executed within 24 hours after death. Page 4 may be retained by the haspital at altending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the find director, page 3 shauld be deroched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed-with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

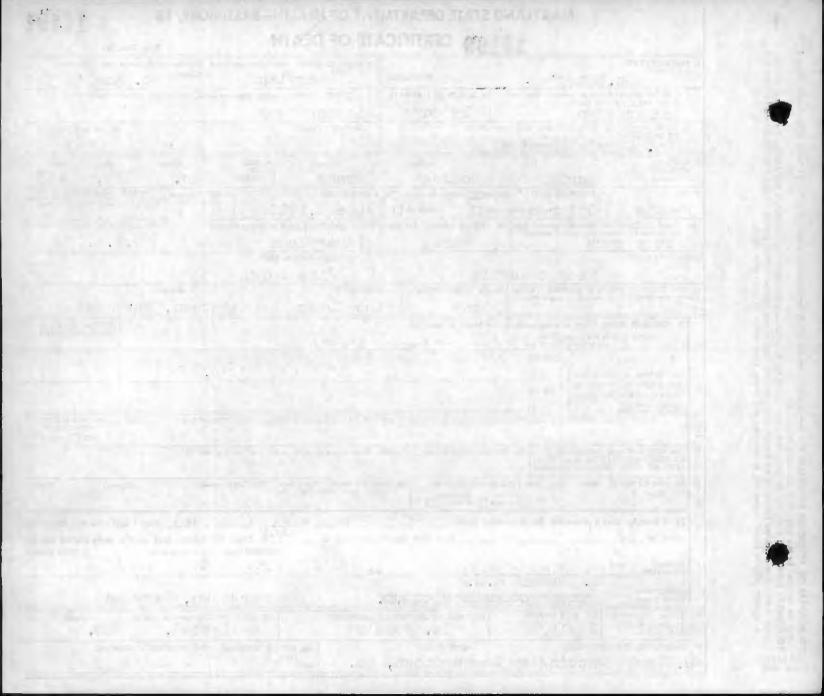
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

LTH-BALTIMORE,	18	1419	1
ATH		TATO	R
NIN .	Reg. Dist. No.		

14100 CERTI	FICATE	OF	DEAT

	- 1	 1	40

1. PLACE OF DEATH o. COUNTY St	. Mary's	MARYLAND	2. USUAL RESIDENCE (		b. COUNTY	St. Ma		
b. CITY OR TOWN RURAL and give		c. LENGTH OF STAY IN 16	Leonardt		e limits, write RI	JRAL and give no	carest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street		d. STREET ADDRESS	OWII			e. IS RES	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Maria	Middle Louise	Evans	4. DATE OF DEATH	Dec.	њ о 11	Pay	Year 1958
5. SEX Female	6. COLOR OR RACE 7. MARI	The state of the s	June 2,19		AGE (In years lost birthday)	Months Days	R IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wa House W	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INE		ale ar fareign coun	try)	U.S.		COUNTRY?
13. FATHER'S NAME	George Curt	is	Jane					
15. WAS DECEASED EV (Yes. no. or unknown)	(ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Otho Evans	Leonar	Addr dtown,	Maryl	and	
Canditions, if gove rise to cause (a), stating lying cause last	immediate DUE TO	assimon	is of t	he Ce	wix			
PART II, OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE C	ONDITION GIV	EN IN PART 1(o)	PERFO	AUTOPSY ORMED?
	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	in Part I ar Part II	of item 18.)			
20c. TIME OF INJU Haur o. m. p. m.	While		PLACE OF INJURY (Home, for factory, street, office bldg.,		tawn)	(County	)	(State)
21. I certify to alive an	A. Samadi M	ed from // Sy Section and that dea	M.O. Seleon		he causes a t, city or town,	n M	ute stat	
BUTTA POPCITY	12/15/58	St. Jol			N (City, town, o		d.	te)
23. FUNERAL DIRECTOR W. Clarke		ADDRESS eonardtown	n Md. DATE	EC 1 6 '58		TRAR'S SIGNATU		



VS A15 (4) 15M 10/57

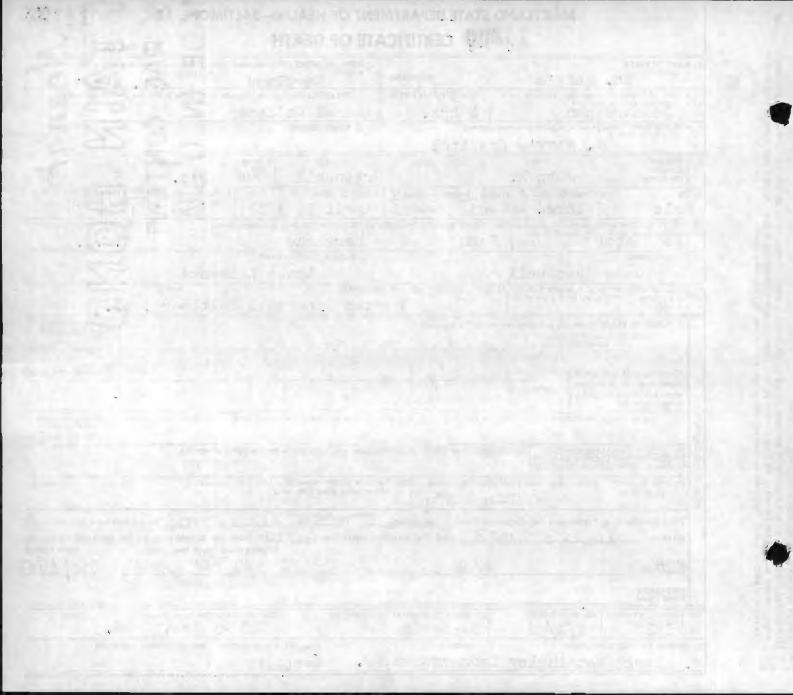
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14200 CERTIFICATE OF DEATH

Reg. Dist. No.

14192

									Kad. Di	31. 110.	
1. PLACE OF DEATH	. Mary's		MARY	YLAND	2. USUAL RESIDEN	CE (When	_	lived. If institut b. COUNT		Mary	
b. CITY OR TOWN (III RUBAL ond give no Leonar	outside corporate limitarest town)	s, write	4 hrs.	IN 1b	Rural				RURAL ond		
OR INSTITUTION	St. Mary!		oddress)		d. STREET ADDR						RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	John	M.	Middle		Greenwel:		4. DATE OF DEATH	Dec.		Day 5	Yeor 19 58
Male	A 3 3	7. MARK	RIED NEVER MARRI		B. DATE OF BIRTH April 5	, 18	383	9. AGE (In years last birthday) yrs	Months		UNDER 24 HRS Durs Min.
10a. USUAL OCCUPATIO during most of work Day Labo	ing life, even if relired		KIND OF BUSINESS OF	OR INDU	STRY 11. BIRTHPLACE Maryla	_	r foreign co	ountry)		U.S.A	HAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MA						
	n Greenwe					nnie	e Lav	rence			-
15. WAS DECEASED EVER	RIN U. S. ARMED FOR: If yes, give wor or doles of H	CES? 16.	SOCIAL SECURITY NO		nformant rtha Gre	enwe	ell E		re, l	Md.	
Conditions, if or gove rise to in couse (o), stoting I lying couse lost.	nmediate DUE TO	gi	unly	La	Line	sel	ess	sis		in	Lnna
CATIC	ER SIGNIFICANT CON								VEN IN PAR	P	VAS AUTOPSY ERFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESI	CRIBE HOW INJURY O	CCURRE	D, (Enter nature of inj	ury in Po	ort I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o.m. p. m.	f Month, Day, Yea	White of work	NJURY OCCURRED Not while	20e. PL fo	ACE OF INJURY (Homotory, street, office bld	e, form, ig., etc.)	20f. (City	or lown)	(4	County)	(Stote)
21. I certify the alive on	at I attended the	deceas	-	death	occurred at 4	30/	M, from		and an I		the decease stated above DATE SIGNE
220. BURIAL CREMATION REMOVA (Specify) Burial	12/8/58		Bethesd		R CREMATORY	2	Vall	on (City, town,		id.	(Stote)
23. FUNERAL DIRECTOR'S W. Clarke	SIGNATURE Mattingl	ey I	ADDRESS Leonardto	wn ,	MA	TE DEC	BY REGISTI		ritury &		



e IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

(Stote)

Md.

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

Doy

ON A FARMS YES NO

1958

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY St. Mary's MARYLAND St. Mary's b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b Y c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give reporest town) Rural Clements Clements vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Month DECEASED Catherine Eleanor Harris DEATH Dec. (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH White Female DIVORCED [ WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

Home

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Maryland 12 CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. yes, give wor or dates of service) William Henry Harris Clements. Md. NONone 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o LLOS OCIL DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. FICATION PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 0 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, | 20f (City or town) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work | of work 1956, to wee 29 188 that I last saw the deceased 21. I certify that I attended the deceased from ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Charkes Greenwell M.D. Leonardtown, NAME (Type) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION, 22d LOCATION (City, town, or county) REMOVAL (Specify) St. Joseph Morganza, Burial

poge 0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown Md.

filed

and

physician

attending

death certificate

that

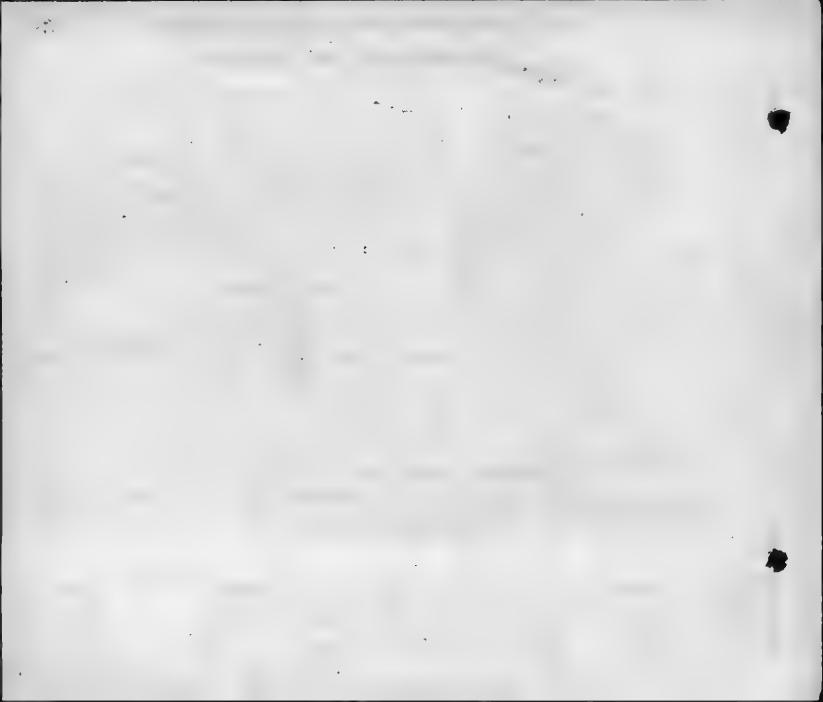


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## CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMEN	NT OF HEALTH–BALTIMORE, 18 1419
CERTIFICATE 14202	OF DEATH  Reg. Dist. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MERCHAND STARYLAND	STATE Maryland COUNTY St. Mary's
City (If outside corporate limits, write RURAL OR and give nearest fown) town Rural Oakville Life	CITY (# outside corporate limits, write RURAL and give neerest town) OR TOWN Rural Oakville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS
3. NAME OF (First) (Muddle)	(Lest) 4. DATE (Month) (Day) (Your
(Type or Print) B. Carroll Knj	ight Dec. 28, 195
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lost birthday   IF UNDER 1 YEAR   IF UNDER 2
Male White Whower, proceed, Sept.	1,1875 83 yrs. Manths Days Hours
IDe. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (Slate or foreign country)   12. CITIZEN OF WHA
done during most of working life, even if or INDUSTRY state Road State	Maryland Country? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Franklin Knight	Wilhelmina Morgan
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, 100 or unk.) (Il Yes, give wer or deles of service) None	Frank M. Knight Oakville, Md.
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
IMMEDIATE CAUSE (A) Myrcaedites	- Carline factions
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH,	
19. DATE OF OPERATION   195. MAJOR FINDINGS OF OPERATION	20. AUTOPS
	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	(Stete) (County) (Stete)
M, While Not while st work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	1957 to lice 28 1958 that I last can the day
alive on La 28	J.D.P.M., from the causes and on the date stated above.
SIGNATURE//////	ADDRESS (Street, city, town, state) DATE SIG
Chadro Theenwell_ M.D.	Terrandom me
23. BURIAL, CREMATION.   DATE THEREOF   1 NAME OF CEMETERY OR	
Burial 12/31/58 St. John's	
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	2S, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	The state of the s
DATE IAN 0 159 Contino 1 14	W. Clarke Mattingley Leonardtown,





### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY MEDICALEXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessed execute the cert.

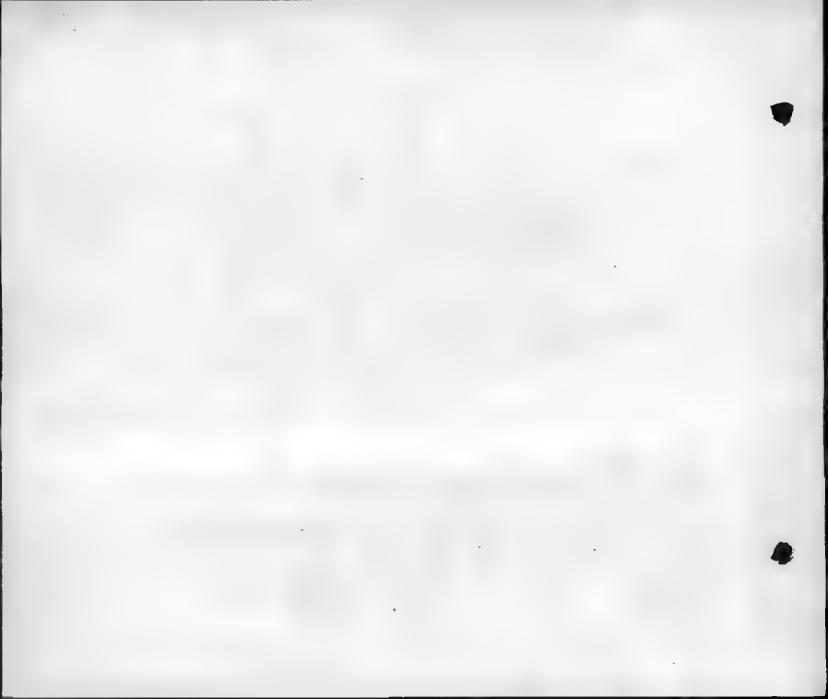
4 should be farm, and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a hould be farm.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boardor ar its designated and 1 prior to boriot, cremotion, as removal, and in any event within 72 hours ofter death.

1 0-

VS A15ME 5M 2/57

	1te	em 9 FilmG257	12-23-58 et		Reg. Dist. No.
	LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived If instituti	ion Residence before admission)
٥	COUNTY ST. Masy	MARYLAND	O STATE	6 COUNTY	ST. 110 TU'S
Ь.	CITY OR TOWN III outs de sorporate timil, er se RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IS	f outside corporate limits, write !	RURAL and give negrest fown)
1	and give nearest town)	DOA	D	12	
6	- Conardiown	P.4, A.	1 / 177 e.y	roint	
"	St Mayy's Hos	hiTal	d. STREET ADDRESS		e IS RE DEN E ON A FARM? YES NO
3. P	IAME OF First	Middle	Lost	4. DATE Month	Day Year
	(ype or print)	,	ock wood	DEATH DOG	. 11 1958
5. SI	Decisy	RIED NEVER MARRIED		9. AGE Iln years	IFUNDER TYEAR IF UNDER 24 HRS
3. 31			DATE OF BIRTH	fait birthday)	Months Days Hours Mr
	F WIDOW	Name Name	Appro		
10a,	USUAL OCCUPATION (Give kind of work done 10b iring most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Store	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housework	120me	Ma	Jy land	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
	John Rare	3 22 5	Racan	ma 11/272	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?	6 SOCIAL SECURITY NO. 117, 1	NFORMANT	Address	Q.II
	na, or unknown) [ff yes, give wor or dates of service]	174 11 7274	* ** *** **** **** * * * * * * * * * *	7,00,488	
-		1/8/10/2011		The second secon	<u> </u>
	18 CAUSE OF DEATH Enter only one couse per lin	ie for (o), (b), and (c), )			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) HE	morrhagic Pancr	eatitis		
Ш	5 8 7.0 DUE TO				
Н	Conditions, if ony, which) (b)				
	gove rise to immediate couse			P	A CONTROL NO.
	(o), stoling the underlying DUE TO				
1,1	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRACTOR TO DESTU BUT	NOT BELLYED TO THE YEAR	Intel District CON DIVIDAL OUT	
CATION	FART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	PERFORMED?
	200. EXTERNAL CAUSE WAS 206 DESCR	BE HOW INJURY OCCURRED (	Enter noture of injury in Por	f f or Fort II of item 18 )	
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.				
13	20c. TIME OF INJURY Month, Day, Year 20d	S. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	n. 20f. (City or town)	(County) (State)
WEDICAL	Hour a, m. Wh	hile Not wh'le fact	lory, street, office bldg., etc	)	(555.7)
- ₹	p. m, 17 of	work of work			
H	21. I certify that I taak charge of the	remains described obc	ove, held on Autops	y Inspection ,	Inquiry, and in my
ш	opinion death resulted from: Natural	causes 🔼 , Accident	🔲, Suicide 🔲, I	Homicide 🔲, Undeter	mined monner
	0 000	2 11	_		
	ACTUAL SIGNATURE SUSSELL	1 Mars	CHIEF MEDICAL EX	KAMINER	DATE SIGNED
	mountaine - Area	· · · · · · · · · · · · · · · · · · ·	ASSISTANT MEDIC	AL EXAMINER	20 62 60
	EXAMINER'S NAME (Type) R155011 S.	m/ 1 1/ m	DEPUTY MEDICAL		12/11/58
20		Fisher, M.D.			
120.	BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OF	A A /-	22d LOCATION (City, town, or	r county) (Stote)
	Duyi4 12-13-30	100 44 BE	- 11.5	Miney / cin	E, /V4.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'	/	TRAR & SIGNATURE
IV	Clarke Mattinale	1 heomas/160	W22 Md DATEC	16'58	- d' trans



## FOR STAVE HEALTH DEPT.

files. Health,

TO INFINITY MENIEVE. IN ANNIER: This certifical should lime executed within 24 hours ofter death. If any delay is necess execute the certifier, writing the ward "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funeral dir. 4 should be fark, 3d to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far, 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any ment within 72 hours after death.

WE A15ME &M 2757

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14205MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14197

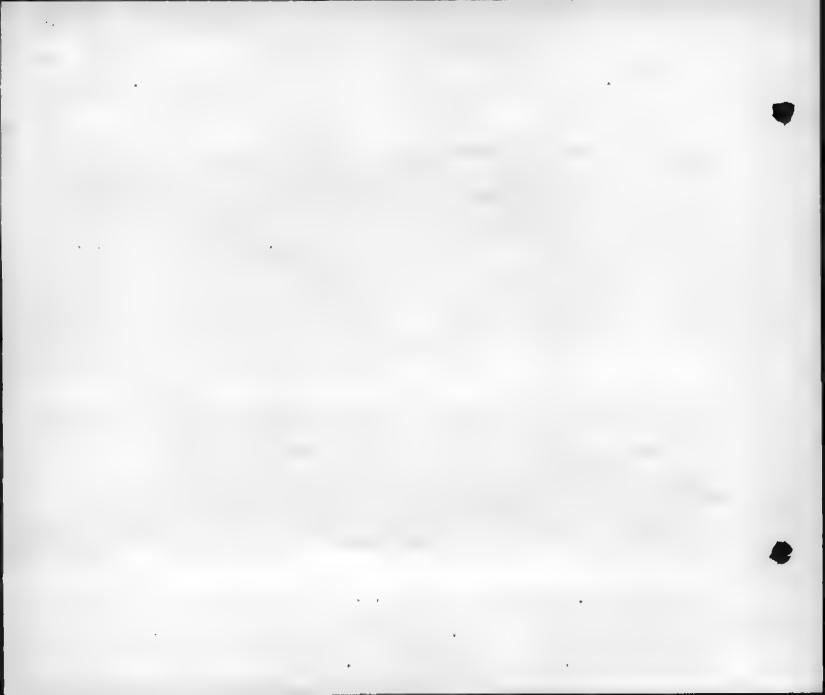
7		~ ~ ~ O O			Keg, Dist. No.
	PLACE OF DEATH		-		vad If institution Residence before domission)
		St. Marys	MARYLAND	o STATE Ohio	5 COUNTY
	b CITY OR TOWN (I and give neglect fower	Loutside corporate firm to write RI	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporat	e limits, write RURAL and give rearest town)
	77 4	gton Park		Washington Co	ourt House
	d NAME OF HOSPIT	AL OR INSTITUTION (IF I	at in hospital, give street address)	d STREET ADDRESS	e IS RET DIFF E ON A FARM?
_				616 East Temp	
	NAME OF DECEASED	First	Middle	Lost 4 DATE OF	Month Day Year
L	(Type ar print)	William	Henry	Melvin DEATH	December 14 19 58
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 0	DATE OF BIRTH 9 A	GE IN your IF UNDER TYEAR IF UNDER 24 HES
	male	white v	VIDOWED DIVORCED	5/25/1912	46 yrs Months Days Hours Min
10c	during most of working	ON (Give kind of work doring life, even if retired)	106 KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (State or foreign countr	y) 12 CITIZEN OF WHAT COUNTRY?
	mechani		Air craft	Ohio	USA
13	FATHER'S NAME			14 MOTHER'S MAIDEN NAME	
		O.L. Melv	rin	Kathryn Albert	
	. WAS DECEASED EV	ER IN U. S. ARMED FORCE		NFORMANT	Address
	no		1000 00 0000	L.C. Martin, Box 1	28 Lexington Park,
	18. CAUSE OF DEA	TH [Enter only one couse	per line for (o), (b), and (c) ]		TINTERVAL BETWEEN CO.
	PART IL DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cononin	Montosis	Laur
	423.1	DUE TO			
	Conditions, if a				
	gave rise to imme	diate couse	all at deliter		The same of the sa
	(a), stating the	underlying (c)			
7	PART II. OTI	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMINALDISEASE CO	NOITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
¥					PERFORMED?
CERTIFICATION	20g. EXTERNAL CAL	USE WAS 20b	DESCRIBE HOW INJURY OF CURRED (	inter nature of injury in Part I or Part II of its	
133	CAUSE OF DEATH.	NTRIBUTING [			•
	20c. TIME OF INJU	RY Month, Day, Year	Tod. INJURY OCCURRED Toe PLA	CE OF INJURY (Home, form, 201 (City or h	own) (County) (Slote)
MEDICAL	Hour e.m.	19	White Not while facts at work at work	ory, street, office bldg., etc.)	,
2	p. m.		of the remains described abo	ve held on Autonov [7] Inch	The state of the s
					ection (4), Inquiry (2), and in my
	opinion death	resulted from: INC	turol couses . Accident [	, Svicide [, Homicide [	, Undetermined monner
	ACTUAL /45	74-47		CHIEF MEDICAL PRANCISCO (T)	DATE SIGNED
	SIGNATURE LO	The Jahren		_M.D. CHIEF MEDICAL EXAMINER	10.15-58.
	EXAMINER'S	WH DAT	RIOK MT	ASSISTANT MEDICAL EXAMINER	12.73 3 8
-	NAME (Type)		The Market State of the State o	DEPUTY MEDICAL EXAMINER	indicat"
724	REMOVAL (Specify)	N. 226 DATE THEREOF	27c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION	(City, town, or county) (State)
-	Remoyal	12/15/5	ADDRESS	Washin	
23.	P.B. Ro		eonardtown. Md.	DFC 1 7 '58	246 REGISTRAR S SIGNATURE Ohio.
1		ATTOUT - T	COMMON OF COMMING MICE	1 mare 122, 14 1 5 UV	2 4 0 0 0 0



	146	SOP CERTIFICA	CIE OF BEATH	R	eg. Dist. No.					
havay E	o. COUNTY St. Mary's	MARYLAND	2 USUAL RESIDENCE (Where deconor. STATE Marylar		Residence before admission)					
,	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) Leonardtown	3hrs	c. CITY OR TOWN (If outside of Leonardto		AL and give nearest town)					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION St. Mary's I		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES (2) NO					
	3. NAME OF First DECEASED (Type or print) Albert	Middle	Milburn of	ATE Month Dec.	12, 1958					
	Male   6 COLOR OR RACE   7 MARK	ED DIVORCED	B DATE OF BIRTH	SO 38 pillpdah) W	UNDER FYEAR IF UNDER 24 HRS Ionths Days Hours Min					
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Day Labor	Farm	Compton, N		U.S.A.					
	13. FATHER'S NAME Wilson Milbur	าก	Jannie							
\		SOCIAL SECURITY NO 17. IN	FORMANT Agnes Milbur	Address n Leonardt						
<i>!</i>	18. CAUSE OF DEATH [Enter only one couse per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ne for (0), (b), and (c).] Pneumonia	fure -		INTERVAL BETWEEN ONSET AND DEATH					
/	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	fposure_			10.40 A.M.					
	Iying couse lost.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING   20b. DESCORDED CAUSE OF DEATH   ITE ETITIER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
		CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Port I a	r Part II of item 18.)						
	ZOc. TIME OF INJURY Month, Day, Year 20d II Hour o. m. 19 While of worl	Not while fact	CE OF INJURY (Home, form, lary, street, office bldg., etc.)	(City or town)	(County) (Stole)					
	21. I certify that I attended the recease olive on the water was	and that death	1958, to /Z- accurred at // A,M, ADDRES		hat I last saw the decease on the date stoted above					
1	ACTUAL Charles The	ACTUAL MILL THE THE STATE OF								
/	PHYSICIAN'S Dr. Charles	Greenwell M.	.D. Leonar	rdtown, Mar	yland					
	Burial (Remation, 22b. Date thereof 12/15/58	St. Aloysi	1	ocation (City, Iown, or co						
	23 FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley I	ADDRESS Leonabdtown,	Md. DATE	egistrar 24b. REGISTRA	AR'S SIGNATURE					

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the training director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, ar remayal, and in any event within-72 haurs after death. oge ATTENDING PHYSICIAN: The law requires that the death certifinate bill executed within 211 llayers after TO HOSPITAL OR VS A15 (4) 15M 10/57



# FOR STAJE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If only delay is necessary, please execute the certific, writing the word "pending" in pendit is them. 18. Give Rages 1, 2, and 3 to the funeral distances of the A should be for distanced for the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

P.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14199

Care of & Kraus

9 '58

	1	4207 ME	DICA	L EXAMINER'S	CERTIFICA	TE OF DEATH	Reg. Dist. No.	7011
1	PLACE OF DEATH				2 USUAL PESIDENCE	When decorat five 1 16 in	nstitution: Residence before od	-1
74	o. COUNTY	7/		22 A 20 VA A 20 VA	o. STATE	b. COI		nissionj
	CITY OF TOWN I	MECUS  Cultide corporate limits, write		MARYLAND	V	Land	St. Mar	
Ι.	and give nearest town)	outside earporate (init)s, write	I FUPAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside carporate I mits, w	rrite RURAL and give neorest	own)
	Leonard				X Leo	nardtown		
(	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hose	oitol, give street address)	d STREET ADDRESS			RESIDENCE
					Rur	al	YES I	N A FARM?
	NAME OF	Fire	ıt	Middle	Lost	T	lonth Day	Yeor
	DECEASED (Type or print)				3.6	OF DEATH 19	of al	
5. 5		Ernes	7. MARRIE		Moore		1_4/	19 58
		o. COLOR OR NACE		34	. DATE OF BIRTH	9. AGE (In year lost b rihday)	Months Days Hours	DER 24 HRS
	male	white	WIDOWED		12/17/1886	71_2	rrs. Moral Days	PATITIS.
100	. USUAL OCCUPATION Suring most of working	N (Give kind of work of life, even if retired)	done 10b. Ki	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHA	COUNTRY
	Guai		Co	nstruction	Maryla	nd	USA	
13.	FATHER'S NAME			THE OF MATERIAL .	14. MOTHER'S MAIDEN		L COA	
	T	acanh D	15 om o					
15.		RIN U. S ARMED FOI	Moore		FORMANT JAME	Townsend	A	
[Yes	, na, ar unknown)	(If yes, give war or deter of	teruce)		TOWNERS.	414 Bry		Da
	yes	WW_1	21	8-12-2155	Samuel Moor			
		H [Enter only one cau	se per line f	or (o), (b), and (c). }		7 211	ver Spring	"fitd" -
	. 1	H WAS CAUSED BY: MMEDIATE CAUSE (6)		Cores na	m. Brit	de a militar		(
	420.1	DUE TO				Control -	- Com	men.
	Conditions, if on	ar auditude V						
	gave rise to immedi	ote couse			· Ann			_
	(a), stating the vi	nderlying DUE TO						
_	couse last.	) (c).						
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION	GIVEN IN PART 1(0) 19, WAS	AUTOPSY DRMED?
3							YES 🗀	NO T
TE	PRIMARY OF CON	SE WAS 20	b DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in For	1 For Port II of item 18 )		
8	CAUSE OF DEATH.	I SMING L				·		
CAL	20c. TIME OF INJURY	Month, Doy, Yea	r 20d, IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n 1 20F (City or town)	(County)	TC1-4-1
MEDICAL	Hour a.m.		While	Not while facto	ry, street, office bldg., etc	1	(County)	(State)
2	p. m.	19	ol wor					
	21. I certify the	at I taak charge	of the re	emains described abar	ve, held an Autaps	y 🔲, Inspection [	4. Inquiry 4 or	nd in my
	opinion death r	esulted from: AN	latural co	ouses F. Accident	, Suicide ]	Hamicide 🗍. Undi	elermined manner	
		1/1/	17					
	ACTUAL SIGNATURE	Max	U/:	Sees MA	CHIEF MEDICAL E	CAMINER [7]	DATE	SIGNED
	SIGNATURE	20	1	10 -10	ASSISTANT MEDIC		12/4/58	
	EXAMINER'S	Wm D B	ard 1	VID /		_	TC/ 4/ 00	
250		Wm. D. Bo	- / -		DEPUTY MEDICAL			
	REMOVAL (Specify)	1, 22b. DATE THEREO	F 2	72c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, tow	in, or county) (Sto	te)
I	Burial	12/9/5	8	Arlington Na	ational	Arlington	. Va.	
	FUNERAL DIRECTOR'S			ADDRESS	340 PEC	D BY OFCICTORS 245 BE	THE THAN C SICNIATURE	4

VS. A15MI 5M 2.157

P.B. Robinson - Leonardtown, Md.



1/1980

**CERTIFICATE OF DEATH** 1/200

	1	生	4	U	1
m					

-	1		7.0				67.0	rg. Dist. 140.	
)	1. PLACE OF DEATH o. COUNTY St. Ma	ary's	MARYL	II o STATE	Maryl	ere deceased lived	minute a ser come a	St. Ma	
	b CITY OR TOWN (If out RURAL and give neares Lexington	L town)	14 yrs.	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Lexington Park				
7	d. NAME OF HOSPITAL (I OR INSTITUTION	f not in hospital, give street i	address)	d. STREE	ADDRESS				ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	Joh <b>a</b>	Albert	Murra	Lost Y	4. DATE OF DEATH	Dec.	12,	Yeor 19 58
	Male (	color or race 7. MARR	DIVORCED	Dec.1	8,1906	5.		INDER 1 YEAR onths Days	Hours Min.
	Cival Serv	ife, even if relired)	kind of Business of aval Air			or foreign country)		U.S.	A .
	Vance Murray				nknown	_			
\	15. WAS DECEASED EVER IN			Dorothy			Address		
^	PART I. DEATH VIAMA  Conditions, if any, gave rise to imme cause (a), stating the slying cause tast.	DUE TO  which (b)  diate (DUE TO	ernan	TH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE CON	DITION GIVEN I	ONS	PERFORMED?
7	PART II. OTHERS  20% ACCIDENT WAS UP OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	ICAL EXAMINER)	UURY OCCURRED	CURRED. (Enter nature 20e. PLACE OF INJUR foctory, street, of	f (Home, form,	20f. (City or to		(County)	YES NO (Stole)
1	21. I certify that I alive on	attended the decease  the control of	ed from	death accurred a	10 J	1Dec	causes and	on the dat	w the deceased e stated above DATE SIGNED
	220. BURIAL, CREMATION, 2 REMOVAL (Specify) BURIAL	126 DATE THEREOF L2/16/58	Rock F	ery or crematory	Е.	22d LOCATION (	City, town, or co	ch' Car	olina
	23. FUNERAL DIRECTOR'S SIG	w & Son Wal	ADDRESS	ch Caroli		by registrar 1 6 '58	246 REGISTRA	R'S SIGNATUR 1 S. Kran	

TO MOSPITAL OR ATTENDING MYTICIAN: The low magnines that the death merifiliate be executed within 24 hours after death: may be retained to TO FUNERAL DIRECT VS A15 (4) 15M 10/57

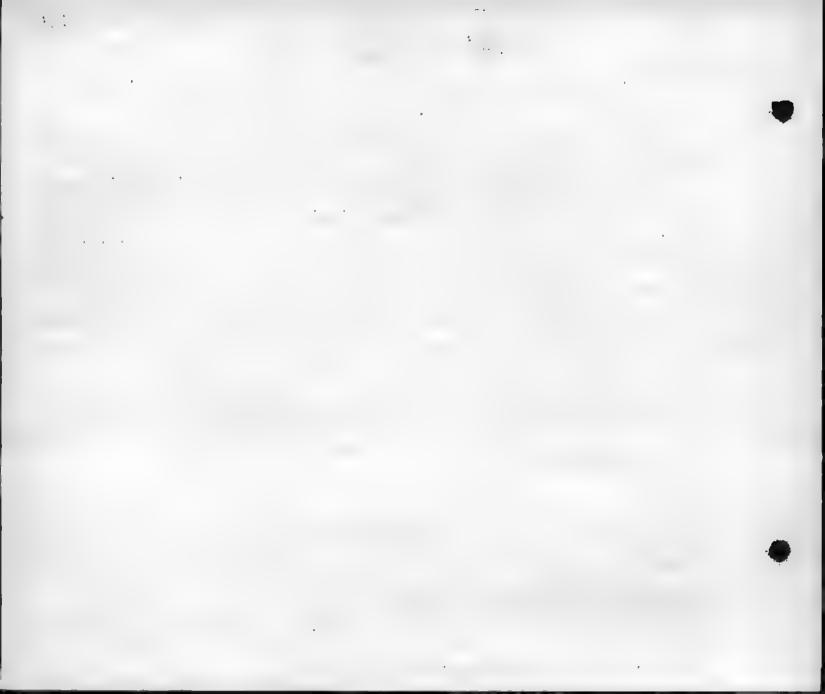
page 3 should be

loge |

After this certificate has been signed by the ottending physicion and campletely filled in by the rol director.

After this certificate has been signed by the ottending physicion and campletely filled in by the director.

the registrar priar ta buriol, cremation, or remaval, and in any event within 72 Hayrs ofter death.





1	1,	tems 9 &18 Film TYPICATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14202
FOR STATE	_	A FOR MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		Reg. Dist. No.
90 = TX		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)  5. COUNTY  5. Married  5. COUNTY  6. COUNTY  7. Married  6. COUNTY  7. Married  7. Ma
Pogos.	)	ot. marys marrand mary tand ot. marys
* T * 1 * 1	1	and give nearest foun)
2000	-	St. Marys City 3 1/2 mo. St. Marys City  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  To In PESID NOT
Po de la constante de la const	`	ON A FARM?
ine of its	3	NAME OF First Middle lost 4. DATE Month Day Year
de fer de fer de		DECEASED
the be	5. 5	Oace Thomas Tele
A STORY OF S		feet birthday) Months Days Hours Min
12 5 d	100	male   white   WIDOWED   DIVORCED   15 August 1958   Yrs   3 PS - 28 - 1   USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY   11 B RTHPLACE (Stote or foreign country)   12 CITIZEN OF WHAT COUNTRY
ded oge one one	0	during most of working life, even if retired)
1000年	13.	Infant Infant Maryland USA
PAGE S		
P E S S		Jerry Thomas Pierce Patricia Ann Moore WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
20 4 E	]Yes	no   (If yes, give wor or doles of service)   U.T. Pierce - St. Marys City. Md.
The state of the s	-	18. CAUSE OF DEATH [Enter only one couse per I no for (a), (b), and (c).]
on on o		PART I DRATH WAS CAUSED BY.
of size		491X DUE TO Bronchis Munion 148 Mrs
THE SE		Conditions, if ony, which) the Madd HIM Abland NIIV
S S S S S S S S S S S S S S S S S S S		gave fise to immediate couse
ould a biner		couse tast.
E SE	3	PART U. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO D'ATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 10119, WAS AUTOPSY
Sed Sed	¥	(1) Cardiomegaly (32.5 gm. vs 23 gm. normal), (2) Pulmonary (15 Pulmonar
THE STATE OF THE S	E	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port If of Item 18)
S condord Men	E E	200. EXTERNAL CAUSE WAS PRIMARY OF OF DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) Bettiegle Nevel Hog
Dog of the state o	3	ZOc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
E C C C C C C C C C C C C C C C C C C C	WEDICAL	Hour a. m. While Not while factory, street, affice bldg., etc.)
AMP CO	-	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
E Section 1		opinion death resulted from: Natural couses D. Accident . Suicide . Homicide . Undetermined manner
O B		1 1 C
O T PROPERTY OF THE PROPERTY O		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
gno gno		ASSISTANT MEDICAL EXAMINER [] /2 /1/2 /1/2
TY IN THE STATE OF		NAME (Type) Wm. D. Boyd, MD DEPUTY MEDICAL EXAMINER 1
Per lits of the state of the st	220	BURIAL CREMATION, 1226 DATE THEREOF 122. NAME OF CEMETERY OR CREMATORY 123d LOCATION (City, fown, or county) (Stote)
0 0 4 0 p		Burial 12/11/58 Arlington National Arlington Va.
VS. A15ME	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 2 57		P.B. Robinson - Leonardtown, Md. PAIDEC 15 '58 Cullur & Kraus
		2051254XV



Cilhur & Kraus

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director, iled with filed death. 2 c papers. ofter Car physicion ጌ ě pup 0 ā may be D FUNEI page 3 0 VS A15 (4) 15M 9/55

· COUNTY

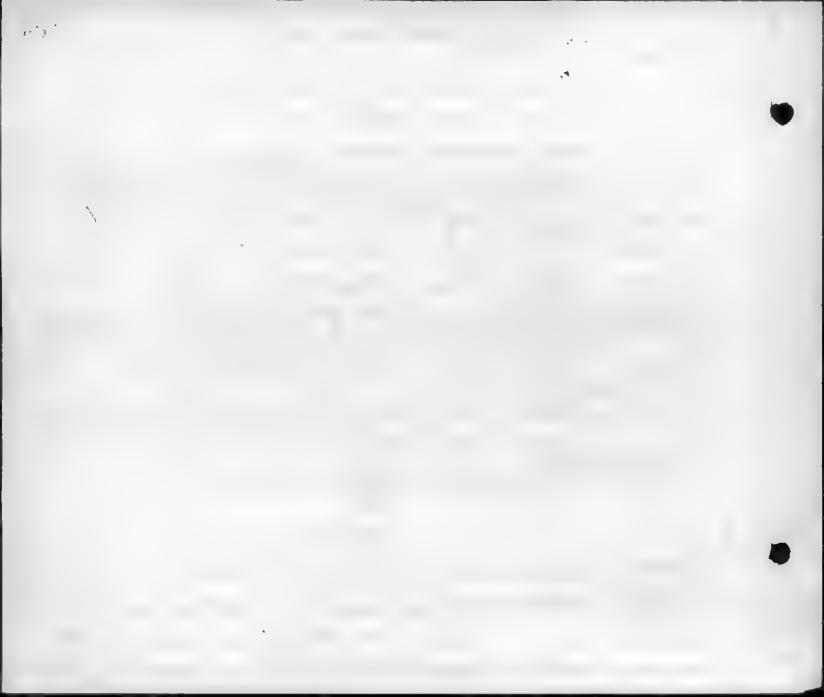
3. NAME OF

5. SEX

DECEASED

alive on

ACTUAL



EmmineR: This certificate should be exemuted within 24 hours after death. If any delay is necess by writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral direct to the Chief Medical Examiner's Office along with form-PM3. Page 5 may be retained for DR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ent, priar to burial, crematian, or removal, and is dry jewest within 72 hours after death.

execute the cert of a should be far ed to TO FUNERAL DIRECTOR: Po ar its designated agent, p

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DEPUTY MEMICAL

0 VS A15ME

5M 2:57

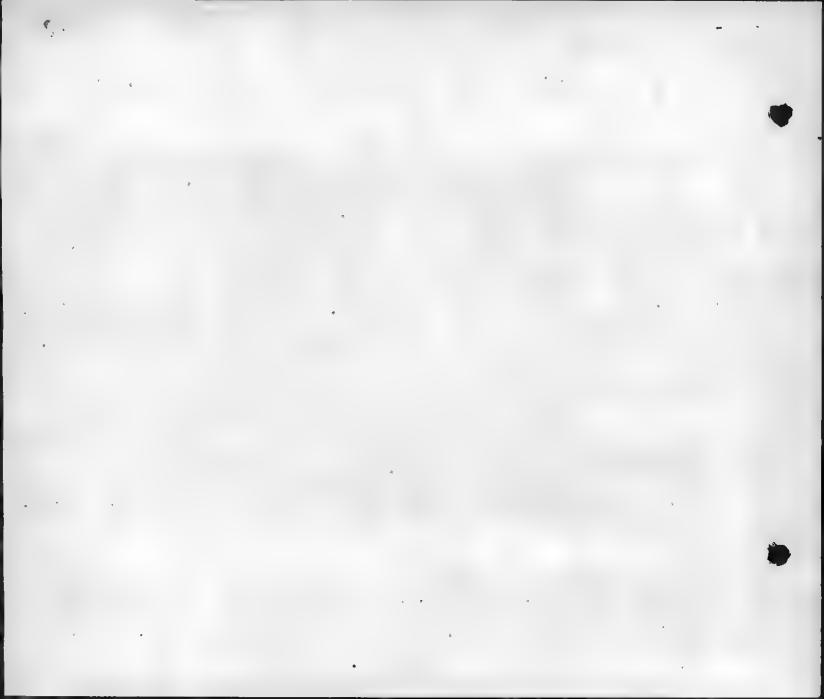
34

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14204

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14212 Reg. Dist. No.

	manage to the same to have								
1,	PLACE OF DEATH	. Marvis		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b COUNTY St. Mary! S				
	b. CITY OR TOWN pit a	suls de corporale limits, wri	RUPAL	c LENGTH OF STAY IN 16	"c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)				
I	aurel Gr	ove		58 years	Laurel	Grove			
	d. NAME OF HOSP TA	L OR INSTITUTION (	If nat in hosp	ital, give street oddress)	d. STREET ADD	RESS			ON A FARM? YES NO
3.	NAME OF DECEASED	Fir	tt	Middle	Fost	4. DATE	Mon	th Doy	Yeor
	(Type or pr'ni)	Char:	Lotte	Ledley	Wallace	DEAT	Dec.	27,	19 58
5,	SEX	6. COLOR OR RACE	7. MARRIES	NEVER MARRIED 1 8	DATE OF BIRTH		9. AGE (In years feet bothday)		IF UNDER 24 HRS
F	emale	White	WIDOWED	DIVORCED [	oct.6,18	76	82 77	Months 021	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. Ki	ND OF BUSINESS OR INDUST		(State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY
	School T		C	ounty	Baltime	ore, Ma	aryland	U.S	.A.
13.	FATHER'S NAME				14. MOTHER'S MAI	DEN NAME			-materials and a short -
	Be	njamin L	edlev		Mary W	ilson			
	WAS DECEASED EVE			OCIAL SECURITY NO. 17. R	NFORMANT		Addres	5	
	No	fit has filts not at some or	21	3 40 8366 Mz	s J. Har	old Bu	rroughs	Mechani	csville.
	18. CAUSE OF DEAT	H [Enter only one cou	se per line fo					Marylan	
	PART I. DEATH	H WAS CAUSED BY:	Mul	tiple Severe	e Crushi	ng Inji	ures of	3	O sec.
1		DUE TO				e Body			
	Conditions, If on					•			
	gave rise to immedi	ole couse		~					
	(a), stating the wi	nderlying (c)							
Z	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	IOT RELATED TO THE	TERMINAL DISE	ASE CONDITION G.	VEN IN PART 1(a)	P. WAS AUTOPSY
CERTIFICATION									PERFORMED?
TIFIC	20a. EXTERNAL CAUS	SE WAS 20	b DESCRIBE	HOW INJURY OCCURRED (E	nter noture of injury	in Part I or Part	fi of item 18)		
CE	PRIMARY-THE OF CONCAUSE OF DEATH.	I I	dun o	ver by ERR a	utomobil	Le			
3	20c. TIME OF INJUR	Y Month, Day, Yes	20d. IN	HURY OCCURRED 70e PLAN	CE OF INJURY (Hom	e, form,   20f. (C	ity or town)	(County)	(State)
MEDI	6. I'S'	12/27/ 19	58 While	k of while at High	hway 123	5 elc.) Lai	urel Gro	ve, St.M.	ary'sMd.
-	21. I certify the	at I took charge		emains described aba	<del></del>				
	1			ouses [7]. Accident }	_			ermined mann	g-reads.
	opor dedill .	/ ^	A		The provide F	<u></u>	, Oliden	cimineo mann	المحال الا
	ACTUAL	( Det )	atrice	(/2	M.D. CHIEF MEDI	CAL EXAMINER			DATE SIGNED
	SIGNATURE	A . S . B . C	10000	2	_M.D.	MEDICAL EXAMI	_		
	EXAMINER'S VI	illiam H.	No. Allert	cick M.D.	DEPUTY MED	DICAL EXAMINE	23	12/2	7/58
220 E	BURIAL CREMATION	12/39/58	3	Mt. Zion	CREMATORY	1 +	artion (City, Iown, arel Gro	_	(Stole) Md.
	FUNERAL DIRECTOR			ADORESS		REC'D BY REG	STRAR 24b. REG	ISTRAN'S SIGNATU	RE
N	.Clarke I	Mattingle	ey Lec	onardtown, N	id.	TEIAN 2	59	sint & Kine	
-							alasta a de la Tarles	CALLED A CARLE	-



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NSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14205

## CERTIFICATE OF DEATH

14213 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED St. Mary's STATE Maryland COUNTY St. Marvis COUNTY MARYLAND (If outside corporate limits, write RURAL CITY (Il outside corporate limits, write RURAL end give neerest town) LENGTH OF STAY Charlotte Hall (In this place) Life TOWN Charlotte Hall HOSPITAL OR STREET (If rure) give focetion) INSTITUTION OR ADDRESS STREET ADDRESS (First) Middle DATE (Month) 3. NAME OF (Last) (Yaer) DECEASED Sidney Woodland (Type or Print) DEATH Dec. 19 58 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED, 9. AGE fast birthday IF UNDER 1 YEAR LIF UNDER 24 HRS COLOR OR WIDOWED DIVORCED, (Specify) Single White Hours Jan.29, 1898 Male 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if refired) Day Labor OR INDUSTRY COUNTRY? farm Charlotte Hall, Md. .S.A. 13. FATHER'S NAME Joseph Woodland Anna Curtis 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, mo or unk,) Agnes Curtis Charlotte Hall, Md. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (PARDID ANTECEDENT CAUSEISI DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT WAS UNDERLYING CONTRIBUTING LAUSE OF DEATH 21b. PLACE (Home, farm, factory, OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

20. AUTOPSY? (Stela)

NO X

YES 🗍

21d. TIME OF INJURY (Month) (Day)

(Yaar)

21e. INJURY OCCURRED While

21f. HOW DID MUURY OCCUR?

death certificate assembly should 22. I hereby certify that I attended the deceased from Moulubling 48., to Well miles, 1958., that I last saw the deceased 1952, and that death occurred at 15 PM, from the causes and on the date stated above alive on LACTORER STONATURE

BURIAL, CREMATION. DATE THEREOI REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORY St. Joseph's

LOCATION (City fown, or county)

24. REC'D BY REGISTRAR

C. Thun & Kines

Morganza. 25. FUNERAL DIRECTOR'S SIGNATURE

Md.

DEC 1 6 '58

W. Clarke Mattingley Leonardtown Md.

PRODUCTION STATE OF ARTHOUGH OF STATISHING THE STATISHING IS CERTIFICATE OF DEATH 2

12917

**CERTIFICATE OF DEATH** 

14206

	9.1.4			Kaā.	DIST. NO.
1. PLACE OF DEATH o. COUNTY St. Marys	B MARYLAND	2. USUAL RESIDENCE (W	there deceased lived.	If institutions Res	idence before admission) Marys
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)  Mechanicsville	b, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin		nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street address)	d. STREET ADDRESS		T.E.	e. IS RESIDENCE ON A FARM?
Rural			Rural		YES NO 🗆
3. NAME OF DECEASED (Type or print) David		lerman	4. DATE OF DEATH	Month 12/ 1	Day Year 1958
male white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AG lost	birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
IOa. USUAL OCCUPATION (Give kind of work	done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto)		The state of the s	CITIZEN OF WHAT COUNTRY
during most of working life, even if retired	farm owner		vlvania		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
David Zimme	erman	Barbara	a Mink		
IS. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT		Address	
no lityst and are again at		ohn S. Zim	nerman -	Mechanic	esville, Md.
18. CAUSE OF DEATH (Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	antenoselenta	Centrova	sala	Uring	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT				PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Yes Hour o. m. p. m.		ACE OF INJURY (Home, for ictory, street, office bldg., et		vn)	(County) (State)
21. I certify that I attended the alive on 12 -1  ACTUAL SIGNATURE DAVID LO		n accurred of 8:51	P.M. from the ADDRESS (Street, c	causes and a	t I lost saw the decease in the date stated above DATE SIGNE
	Morseman, MD	Mechanics	sville, I	Md.	12/2/58
276. BURIAL, CREMATION. 276. DATE THERECONDUCTION (Specify) Burial 12/5/58		IR CREMATORY	Lovevi	City, town, or coun	ty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Leonardtown Md	n	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE

may be retained the hospital or ottending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the perol director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriot, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 1SM 9/SS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A

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